



TRANSMITTAL FORM

Attorney Docket No.

SVL920010001US1/2061P

RECEIVED

OCT 22 2003

Technology Center 2100

In re the application Jason A. CU, et al.

Confirmation No: 6671

Serial No: 09/820,451

Group Art Unit: 2171

Filed: Mar 28, 2001

Examiner: Chen, Te Y.

For: METHOD AND SYSTEM FOR PROVIDING A GENERIC SCALAR FUNCTION

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/>	Declaration under 1.132	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>one (1) month</u> from <u>September 2, 2003 to October 2, 2003</u> .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	21	21	0	\$18.00	\$ 0.00
Independent Claims	3	3	0	\$84.00	\$ 0.00
Total Fees					\$ 0.00
METHOD OF PAYMENT					
<input checked="" type="checkbox"/>	Check no. <u>6528</u> in the amount of \$ <u>110.00</u> is enclosed for payment of one (1) month Extension of Time fee.				
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.				
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 30, 2003
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 30, 2003	
Type or printed name	Jackie Tanga
Signature	

10/09/2003 CHUYEN 00000110 09820451

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